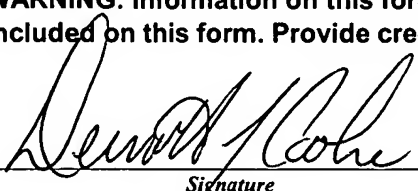
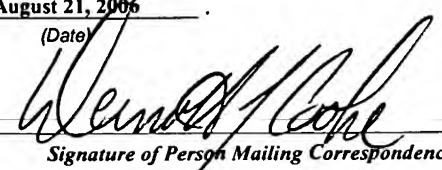


*Ifw*

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>					<b>Docket No.</b> 15302ZYXWAZ (HRT-176)	
Applicant(s): John H. Stevens et al.						
Application No.	Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.	
10/665,236	September 17, 2003	David J. Isabella	23389	3739	6287	
Inventor: <b>MINIMALLY-INVASIVE DEVICES AND METHODS FOR TREATMENT OF CONGESTIVE HEART FAILURE</b>						
<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"><b>AUG 24 2006</b> PATENT &amp; TRADEMARK OFFICE</div>						
<b>COMMISSIONER FOR PATENTS:</b>						
Transmitted herewith is an amendment in the above-identified application.						
The fee has been calculated and is transmitted as shown below.						
<b>CLAIMS AS AMENDED</b>						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	21 -	21 =	0	x \$50.00	\$0.00	
INDEP. CLAIMS	3 -	3 =	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>	
<div><input checked="" type="checkbox"/> No additional fee is required for amendment.</div> <div><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</div> <div><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</div> <div><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>19-1013/SSMP</b><div><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</div><div><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</div></div> <div><input type="checkbox"/> Payment by credit card. Form PTO-2038.</div>						
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>						
<div style="text-align: center;"> Signature</div>			Dated: August 21, 2006			
<div><b>Dermott J. Cooke</b> Reg. No. 41,685 <b>SCULLY, SCOTT, MURPHY &amp; PRESSER, P.C.</b> 400 Garden City Plaza, Ste. 300 Garden City, NY 11530 (516) 742-4343 DJC:jam</div>			<div style="border: 1px solid black; padding: 5px;"><div>I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on <div style="text-align: center;">August 21, 2006 (Date)</div><div style="text-align: center;"> Signature of Person Mailing Correspondence <b>Dermott J. Cooke</b> Typed or Printed Name of Person Mailing Correspondence</div></div></div>			
CC:						



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

<b>Applicants:</b>	John H. Stevens et al.	<b>Docket:</b>	15302ZYXWAZ (HRT-176)
<b>Serial No.:</b>	10/665,236	<b>Examiner:</b>	David J. Isabella
<b>Filed:</b>	September 17, 2003	<b>Art Unit:</b>	3738
<b>For:</b>	MINIMALLY-INVASIVE DEVICES AND METHODS FOR TREATMENT OF CONGESTIVE HEART FAILURE	<b>Dated:</b>	August 21, 2006
		<b>Confirmation No:</b>	6287

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT UNDER 37 C.F.R. § 1.111**

Sir:

Applicants submit this Amendment Under 37 C.F.R. § 1.111 in reply to the Office Action mailed May 25, 2006 in the above captioned application. Entry and consideration thereof is respectfully requested.

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**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8(a)**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on August 21, 2006.

Dated: August 21, 2006

  
Dermott J. Cooke